

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

10/582631

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
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TOTAL IND.	/	↓	↓	↓		
TOTAL DEP.	8	←	←	←		
TOTAL CLAIMS	9	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED	SEARCHED INDEXED FILED RECORDED